

NOAA/SOUTHEAST FISHERIES SCIENCE CENTER - Miami, FL
FLOAT PLAN / DIVE PLAN

VESSEL: _____

DATE: _____

OPERATOR: _____

LAB CONTACT: _____

DIVERS & SUPPORT PERSONNEL:

AUTHORIZED VISITORS

X _____
Signature of Authorization

LAUNCH LOCATION

AREA OF OPERATIONS

ESTIMATED TIME OF DEPARTURE: _____

ESTIMATED TIME OF RETURN: _____

PURPOSE OF DIVE / JOB: _____

COMMUNICATIONS: Cell #s _____ **VHF Channel 16 (required)**

ANTICIPATED DIVE PLAN:

	DIVE 1	DIVE 2	DIVE 3	DIVE 4	DIVE 5	DIVE 6	DIVE 7
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MAX. DEPTH:	_____	_____	_____	_____	_____	_____	_____
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BOTTOM TIME:	_____	_____	_____	_____	_____	_____	_____
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COMMENTS:

VESSEL OPERATIONS COORDINATOR

VESSEL OPERATOR or DIVEMASTER